

Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

**Definition/
cut-off value**

Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:

- minimal brain function
- feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism
- birth injury
- head trauma
- brain damage
- other disabilities

**Participant
category and
priority level**
Category
Priority

Pregnant Women

I

Breastfeeding Women

I

Non-Breastfeeding Women

III

Infants

I

Children

III

Justification

Infants and children with developmental disabilities are at increased risk for nutritional problems. Education, referrals, and service coordination with WIC will aid in early intervention of these disabilities. Prenatal, lactating and non-lactating women with developmental, sensory or motor disabilities may: 1) have feeding problems associated with muscle coordination involving chewing or swallowing, thus restricting or limiting the ability to consume food and increasing the potential for malnutrition; or 2) require enteral feedings to supply complete nutritional needs which may potentially increase the risk for specific nutrient deficiencies.

Pervasive Developmental Disorder (PDD) is a category of developmental disorders with autism being the most severe. Young children may initially have a diagnosis of PDD with a more specific diagnosis of autism usually occurring at 2 1/2 to 3 years of age or older. Children with PDD have very selective eating habits that go beyond the usual "picky eating" behavior and that may become

Justification (cont) increasingly selective over time, i.e., foods they used to eat will be refused. This picky behavior can be related to the color, shape, texture or temperature of a food. Common feeding concerns include:

- difficulty with transition to textures, especially during infancy;
- increased sensory sensitivity; restricted intake due to color, texture, and/or temperature of foods;
- decreased selection of foods over time;
- difficulty accepting new foods; difficulty with administration of multivitamin/mineral supplementation and difficulty with changes in mealtime environment.

Nutrition education, referrals, and service coordination with WIC will assist the participant, parent or caregiver in making dietary changes/adaptations and finding assistance to assure she or her infant or child is consuming a nutritionally adequate diet.

**Clarifications/
Guidelines**

Before assigning this risk code, be sure the disability is documented on the health history form.

A child with **PDD** is at risk even if no apparent feeding problems exist. However, one of the manifestations of PDD is abnormal eating patterns. Therefore, when a child has been diagnosed by a physician with PDD, but shows no symptoms at certification, use this risk code for certification.

Hydrocephaly can increase the risk of abnormal growth and development. If hydrocephaly is **not** the result of neural tube defects, assign this risk code.

References

1. Quinn, Heidi Puelzl; "Nutrition Concerns for Children With Pervasive Developmental Disorder/Autism" published in Nutrition Focus by the Center on Human Development and Disability; University of Washington, Seattle, Washington; September/October 1995.
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References (cont)

2. Paper submitted by Betty Lucas, MPH, RD, CD to the Risk Identification and Selection Collaborative (RISC); November, 1999.
 3. Zeman, Frances J., Clinical Nutrition and Dietetics, 2nd Edition; 1991; pp. 713-14, 721-22, 729-30.
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